

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

23588

State File No. _____

3197

FILED AUG 8 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>24 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>96 7936 OLIVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES LOUISE</u>		b. (Middle) _____		c. (Last) <u>BARBER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 22 1956</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10 -29 -28</u>		9. AGE (In years last birthday) <u>27</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FAIRBURY, NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN MCCHEMRY</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Friesen</u>		14. NAME OF HUSBAND OR WIFE <u>CALVIN C. BARBER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-26-4186</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CALVIN C. BARBER</u> ADDRESS <u>7936 OLIVE ST. KANSAS CITY, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured intracranial aneurysm</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renal hypertension</u> DUE TO (c) <u>glomerulo-nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>8 yrs</u> <u>8 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>593X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-19-56</u> to <u>7-22-56</u> , that I last saw the deceased alive on <u>7-21-56</u> , and that death occurred at <u>6:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mark Dodge, M.D.</u> (Degree or title)		23b. ADDRESS <u>KC, Mo.</u>		23c. DATE SIGNED <u>7-23-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 24 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>7-24-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minchall</u>		FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Furman's Sons</u>		ADDRESS <u>1331 Brush Creek N.C.M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward M. Storey*.....

Licensed Embalmer No. *440*.....

P. O. Address *H.C. Co.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.